

Entered - 10-10-98 - sb
CL - 98L0660 ALEXIS HOLMES

CLAIM OF: **EARL W. SCALES**
160 Raymond Court
Fayetteville, Georgia 30214

For damages alleged to have been sustained as a result of hydraulic fuel malfunction on a city vehicle on August 3, 1998 at 3906 Wisteria Lane, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Earl W. Scales** the sum of **\$1,105.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of For damages alleged to have been sustained as a result of a **hydraulic fuel** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0660

Date: 11/15/00

Claimant /Victim EARL W. SCALES

BY: (Atty) _____

Address: 160 Raymond Court, Fayetteville, Georgia 30214

Subrogation: _____ Claim for Property damage \$ 1,105.00 Bodily Injury \$ _____

Date of Notice: 9/10/98 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence August 3, 1998 Place: 3906 Wisteria Lane, SW Atlanta, Georgia 30331

Department Public Works Division: Solid Waste

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimants' lawn and mailbox were damaged when a hydraulic line malfunctioned on a city vehicle spilled fluid on his front lawn and contaminated the area.

INVESTIGATION:

Statements: City employee X Claimant _____ Other _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 1,105.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 11-17-00

Committee Action: _____ Council Action _____

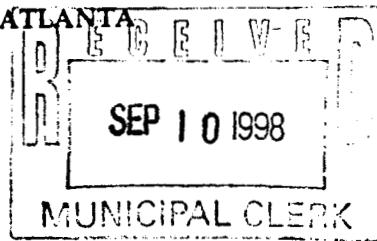
COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: September 8, 1998

ENTERED - 10-1-98 - SB
98L0660 - ANTHONY OATIS

Dear Municipal Clerk:



This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$1105.00 property and/or \$000000000000000000 bodily injury for which I contend the City is liable.

1. Date of incident: August 3, 1998 2. Time of Incident: 1500 HRS 3. Police called: No
(month/day/year) Yes No
4. Location of incident (including street address): 3906 Wisteria Ln. S.W. Atl. Ga. 30331
5. Name of your insurance company: Metropolitan Policy No. 0414524713
6. State what and how incident occurred: City sanitation truck malfunctioned spilling fluid on my front lawn measuring about a 20X20 foot area. Contaminated area will not plant growth. Also damaging my mail box to the extent that bricks must be replaced and a portion of the mailbox must be rebuilt.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Earl W. Scales
Signature of Claimant

00-R-1907

Earl W. Scales
(Print Claimant's Name)

160 Raymond Court
(Address)

Fayetteville, Ga. 30214
(City, State and Zip Code)

770-4605467
(Work Number) (Home Number)